

Pandemic....What Pandemic?



Dylan Eleven

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The Exposé | Patricia Harrity

As recently as yesterday the 3rd of August 2023, over three and a half years after its first utterance “Covid is Airborne” was trending on Twitter! The hashtag fills most of us with despair. However, even within the “truther” community there is divided opinion on the origins of this so-called “novel virus.” While some are convinced that there was a deliberate lab leak, there are those among us [Truth11.com included] who believe it never even existed in the first place, **there was no “pandemic” it was purely a psychological operation.**

This is the view of Doctor Simon Lee, Science Officer at [Anew UK](#), he explains why that is in the article below.

Pandemic...What Pandemic?

“Increasingly, politicians are seen simply as managers of public life, but now, they have discovered a new role that restores their power and authority. Instead of delivering dreams, politicians now promise to protect us—from nightmares. Politicians say that they will rescue us from dreadful dangers that we cannot see and do not understand.”
Adam Curtis

Incredibly, many people still believe that the world recently experienced a deadly Coronavirus pandemic that killed millions of people. Many people in the so-called “truther” community are now pushing the false narrative of a genetically engineered bioweapon that was leaked from a lab.

There is a considerable amount of evidence that this was in reality not a real pandemic but a pseudopandemic psy-op. In fact, more and more people are questioning the very idea of all pandemics, including the famous 1917-18 Spanish Flu.

The large 1918 mortality event has become a textbook viral respiratory disease pandemic allegedly caused by the “H1N1” strain of influenza virus. It occurred before the introduction of antibiotics and before the invention of the electron microscope. It happened under horrific post-war public sanitation, economic, and emotional stress conditions.

But did you know that experiments intended to demonstrate transmission of this supposedly highly contagious disease ended in failure? The 1918 deaths have now been proven by histopathology of preserved lung tissue to have been caused by bacterial pneumonia rather than a virus that has never been proven to exist. This is evidenced by several independent and non-contested published studies.

Interestingly, NONE of the post-World War 2 CDC-promoted flu pandemics (1957-58, “H2N2 flu”; 1968, “H3N2 flu”; 2009, “H1N1 flu” again) can be detected in the all-cause mortality figures of any country. These so-called pandemics did not result in any detectable increase in mortality, anywhere. There is no empirical evidence that big increases in mortality can be caused by the sudden appearance of a new pathogen (especially not imaginary viral pathogens).

The entire covid pandemic narrative rests on two main pillars: that a novel pathogenic virus was actually identified, and that a Polymerase Chain Reaction (PCR) test could accurately identify the alleged virus. If either of these pillars are not correct, the entire covid narrative comes crashing down. Neither of them is correct.

A team of twenty-two scientists submitted a retraction request to the journal that published the original SARS-CoV-2 PCR protocol in 2020. They had identified “numerous technical and scientific errors”, one of the most serious of which was that the test was based on theoretical sequences of the alleged virus, produced by a laboratory in Communist China, as none of the actual “virus” was available. The team also highlighted the problem of cycle thresholds. PCR tests amplify genetic material, and if the level of amplification is too high, the result becomes meaningless. Laboratories worldwide tested using high cycle number testing protocols.

The PCR test used for supposed virus detection was designed to generate false positives and the SARS-CoV-2 virus has never been properly isolated and shown to exist as a physical entity let alone cause any disease.

So, what does the epidemiological data tell us? Surely there must have been large numbers of deaths and very sick people if a deadly virus was really rampaging across the globe?

On March 11, 2020, the coronavirus “pandemic” was declared which did initially lead to sudden surges in all-cause mortality but only in specific locations in the Western World and they were synchronous. This synchronicity is incompatible with the notion of a spreading contagious viral respiratory disease.

The presumed virus that caused synchronous mortality clusters in the spring of 2020 (such as in New York, Madrid, London, Stockholm, and northern Italy) did not spread beyond those cluster hotspots.

Immediately after the WHO declared a pandemic and instructed hospitals to be ready, the death rate dramatically increased in various European countries, US States and Canadian provinces. These peaks are unprecedented in their scale and the fact that they take place outside of the usual flu season. They occur simultaneously in geographic areas separated by thousands of miles, yet not necessarily in neighbouring countries or even provinces.

Comparisons of excess mortality across countries have actively disproved the viral hypothesis. For example, the contrast between neighbouring countries Spain and Portugal, where the former had 157% excess deaths, at the same time the latter peaked at 21%.

The same is true of Italy and Slovenia. During this initial period (the first wave), Italian excess mortality reached 86%, whilst the Slovenian excess mortality peaked at 11%. Italy's excess deaths were entirely concentrated in the North of the country, where Bergamo reached a 1,000% excess.

Belgium's excess deaths peaked at 105%, the Netherlands' was 70%, whilst France's was 61%. Neighbouring Germany's excess deaths only reached 12% during this initial period.

A similar picture was seen in the US. At the time New York was suffering an over 130% increase in excess mortality (over 630% in some parts of New York City), but neighbouring Vermont and nearby New Hampshire and Maine had little to no excess deaths.

“A virus pandemic, which afflicts countries so differently, cannot actually exist, especially in today’s times.” Köhnlein and Engelbrecht

Excess mortality most often did not cross-national borders and inter-state lines. The invisible virus cannot possibly specifically target the poor and disabled or respect borders. It also cannot wait until governments impose socio-economic and care protocol changes on vulnerable groups before it kills.

How could a virus spread without noticeably affecting mortality rates, then suddenly transform itself into the worst killer in a century upon command from the WHO? In reality, the geographic and temporal movement of the mortality spikes is inconsistent with what would be expected from a contagious disease.

It is far more likely that the excess mortality was due to the implementation of lethal pandemic preparedness measures across the countries and regions of the world.

‘In view of the fact that very different mortality rates are reported in different European countries, it is reasonable to assume that a differently aggressive therapy could be responsible for this.’ Claus Köhnlein

latroicide was the real cause of excess deaths, not a viral pandemic. Inhumane new protocols killed patients in regions that applied those protocols in the first months of the declared pandemic.

This was followed in many states by imposed coercive societal measures, which were damaging to individual health by spreading fear, panic, paranoia, psychological stress, social isolation, loss of work, business bankruptcy, etc.

The consequences of lockdowns were as devastating as they were predictable. On the 23rd of January 2020, the CCP ordered a lockdown of 58 million people in Hubei province on the basis of just 18 deaths. Wuhan, with a population of 9 million, is known

as “Smog City” in China, however, air pollution was never considered to be a factor in these deaths.

Faked videos surfaced of people in Wuhan supposedly dropping dead in the streets which had the effect of terrifying the world.

As a consequence, Italy put nearly 60 million people in lockdown, the largest lockdown in history. It is only after the lockdowns were in effect that the excess mortality appeared. Excess deaths in Italy were hugely imbalanced towards the polluted north of the country and were likely substantially iatrogenic in nature.

Science didn’t inform Italy’s lockdown, it was the recommendation of the Chinese Communist Party. Previously unthinkable lockdowns that were inflicted on ostensibly democratic Italy opened the possibility for the rest of the supposed democratic world to follow. By April, more than half the world’s population (3.9 billion people) had been forced into lockdown.

It is clear that lockdowns had no real scientific justification and were pushed by people who were entirely aware of the inevitable devastating consequences. Lockdowns were guaranteed to kill millions of people and those pushing them already knew this.

Immediate deaths would occur as a result of denial of healthcare, others would take weeks, such as starvation in the developing world, and even more would die over the years to come, such as cancer deaths and the loss of services due to economic destruction. All of this was completely obvious to many people at the time.

“The world has been fighting a virus from China with a public health policy from China that transforms the world into China.” Michale Senger

It is clear that lockdowns always preceded excess mortality. Italy went into lockdown earlier than other countries, and its excess deaths came proportionately earlier too. At the other end of the scale, the UK instituted lockdowns last, and was the last to see a mortality spike.

The picture is similar in the US, where no excess deaths are apparent prior to lockdown, but a sudden spike comes immediately after.

Japan imposed border controls but did not mandate an internal lockdown. The country experienced no excess mortality in 2020, in spite of “case” numbers increasing. Excess deaths became apparent in 2022 only after a high proportion of the Japanese population was “vaccinated”. This is hard for lockdown advocates and proponents of the viral theory in general to explain.

The medical establishment systematically withdrew normal care for everyone and attacked doctors who refused to comply. In virtually the entire Western World, antibiotic prescriptions fell by approximately 50% of the pre-Covid rates. About half of all covid death certificates list bacterial pneumonia as a “comorbidity”.

The countries experiencing high excess mortality at this time were all actively isolating their elderly population and denying them medical care. Spanish soldiers who went into care homes found residents who had been abandoned dead in their beds. It was reported that in French care homes “bodies have been left decomposing in bedrooms”.

The sedative drug, midazolam used to treat covid actually produced the respiratory symptoms attributed to covid and was used in lethal doses. Vastly increased use of midazolam corresponds with the increase in UK excess mortality seen in 2020. There is also evidence for increased midazolam use in Italy and Sweden.

New York made extensive use of ventilators, which can cause fatal lung damage and are estimated to have killed tens of thousands of Americans unnecessarily. The toxic antiviral drug Remdesivir was also extensively used in the US, causing renal failure leading to pulmonary oedema which was then attributed to covid.

Masks have also caused immeasurable harm to individuals’ physical and mental health, caused conflict and division in society, and shamefully have disproportionately harmed young children in particular.

A group of concerned parents in Florida sent six masks to the University of Florida for analysis. The analysis found that five masks were contaminated with bacteria, parasites, and fungi, including three with pathogenic, pneumonia-causing bacteria. Inhaling bacteria, together with the low oxygen and high CO₂ conditions caused by mask-wearing has undoubtedly caused many cases of bacterial pneumonia as was seen during the 1918 “flu” pandemic.

“It is not unreasonable to ask whether the logic has not been inverted: Is COVID-19-assignment an incorrect cause-assignment for what is in fact bacterial pneumonia?” Dr. Denis Rancourt

Mortality rates in Kansas counties with and without mask mandates were studied by Dr. Zacharias Fögen who concluded that:

“Results from this study strongly suggest that mask mandates actually caused about 1.5 times the number of deaths...compared to no mask mandates.”

The “vaccines” were first administered in December 2020 in the UK. This was presented as a triumphant event, and the increasingly nasty coercive rollout began.

Based on their dubious track record there was never any reason to trust the pharmaceutical companies or their captured regulators. Given the criminal records of the companies developing them, apparent problems with the trials, and record-breaking development time, prudent people should have been sceptical.

With billions of dollars at stake, there was every reason to be cynical regarding claims of both safety and efficacy. Sadly, many people were trusting and gave in to the coercive bullying.

An independent reanalysis of both the Pfizer and Moderna trials found a statistically significant serious adverse events rate in the “vaccine” groups.

There is an unprecedented safety signal apparent on the US Vaccine Adverse Event Reporting System (VAERS) and the British Yellow Card system. Since their introduction the “vaccines” have contributed significantly to excess mortality everywhere they were imposed.

These injected toxin cocktails continue to cause death and serious adverse effects on a scale that the world has never before experienced. This has largely been met with a deafening silence from those that pushed the fake pandemic narrative.

Conclusions

The actions of governments around the world were malicious and harmful, costing many lives whilst not demonstrably saving any. There was no pandemic causing excess mortality, it was government-imposed measures that caused the excess mortality.

If there had been no pandemic propaganda or coercion, and governments and the medical establishment had just continued with business as usual, then there would not have been any excess mortality.

Division and nastiness infected our societies. Moral self-righteousness took a hold and there was hateful recrimination for anyone not going along with “the science”. We saw a rise in the kind of superstitious thinking that many of us thought had been left behind in the Middle Ages.

The covid psy-op and response was a full-scale multi-faceted state and iatrogenic attack against populations, and against societal support structures, which caused all the excess mortality, in every jurisdiction.

It is 5th generation warfare, and the war is not over yet.

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